

Work Order ID 100313***100313***

Page 1

April-22-13 12:53:22 PM

Item ID: D3203-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Handle

Start Date: 4/22/13

Start Qty: 12.00

12

Cust Item ID:

Required Date: 5/03/13

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan: MLC

Date: 13-04-24

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3203

Rev C

0.00

100

100

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: *PL 89*Possible Supplier: Mill Supply P/N GH-180-C
order (4) per KitIdentify for D3203-1 Conformity certificate is required*13-04-25*

110

110

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Packaging

Memo

0.00

Ensure certificate of confromity is attached

13/7/28 12

120

120

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

AS
21
34.30

0.00

12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear				General							
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				
							<input type="checkbox"/>	Other			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Grain	General			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S	Bend	General			Hardware	General			Over/Under tolerance	Temperature/Cure	
Cracks	BOM/Route	General			Inspection Incomplete	General			Part Incorrect	Weld	
Crushed/Crimped	Broken/Damaged	General			Instructions Incomplete/Unclear	General			Part Lost/Missing	Wrong Stock Pulled	
Cuffs	Burrs	General			Maintenance	General			Part Moved		
Heat Treat	Contamination	General			Mislabeled	General			Positioned Wrong		
Inspection Strip in Tube	Countersink	General			Misread	General			Power Loss/Surge		
Ripples in Bend	Cut Too Short	General			Offset	General					
Torque Waves in Extrusion	Drill Holes	General			Out of Calibration	General					
Turning Sequence	Drawing	General			Out of Sequence	General					
Wave/Twist in Tube	Finish	General			Outside Dimensions	General					
	Folio	General				General					

Picklist Print

April-22-13 12:53:22 PM

Page 1

Work Order ID: 100313

Parent Item: D3203-1

Parent Item Name: Handle

Start Date: 4/22/13

Required Date: 5/03/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev:A New Issue 05-11-06 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
GH180C Handle		Purchased	No			100	Each	0.0000	1	12	CZ/3/64/29	x/13	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

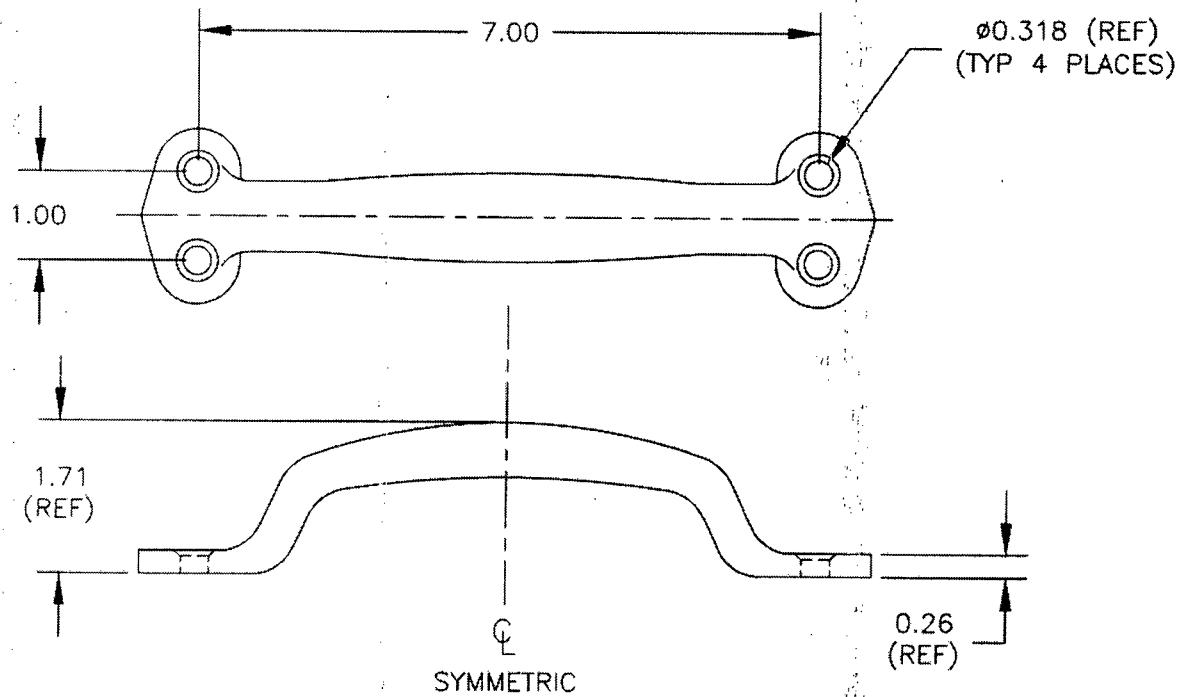
DQA: Date: .

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

DART

DESIGN	DRAWN BY	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED	APPROVED	DRAWING NO.	REV. C
		D3203	SHEET 1 OF 1
DATE		TITLE	SCALE
04.11.26		HANDLE	1:2
A	03.08.27	NEW ISSUE	
B	03.10.16	REDESIGN HANDLE	
C	04.11.26	NO MACHINING	

RELEASED
05.01.18 *[Signature]*D3203-1 HANDLE

- 1) PURCHASE FROM MILL SUPPLY, P/N GH-180-C OR 27-526
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

130424
100313 MCW
INCQSI
S100313
V1.0
A

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO19689**

Purchase Order Date 4/25/2013
PO Print Date 4/25/2013

Page Number 1 of 1

Order From : VU-ROY001

VISA
PAYMENT CENTRE, PO BOX 4016, STAT. A
TORONTO,

Contact Name	Buyer	Brigitte Golden
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	COD
	Currency	USD
	FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
	GH180C	Handle	4/29/2013	12.00 Yes	FedEx PI collect Each	\$7.8700	\$94.44

Special Inst: AS PER DWG: D3203
REV: C
B100313
MILL SUPPLY: GH-180C

PO Total: \$94.44

PO Instructions: MILL SUPPLY
VISA 4514 0310 0909 0347
EXP: 11/13 CID: 130

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 1

Change Date: 4/25/2013



MILL SUPPLY, INC.

19801 Miles Rd, Cleveland, OH 44128-4117
Remit To: Po Box 28750, Cleveland, OH 44128-0750

Toll-Free (800) 888-5072
Fax (216) 518-2700
Fax-Free (888) 781-2700

CREDIT CARD

252972 INVOICE

04/25/2013 **Ship Date**

11/13 050891 A

Phone

Customer # DARTK6A1K S-48 613-632-9577

Phone

Ship #

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY ON K6A1K7

BILLING SHIPPING

Order Date	Ordered By	P.O. Number	Salesman	Terms	Other Info
04/25/2013	BRIGITTE GOLDEN		JOHN	NET	
Qty	U/M	Part Number	Description	Unit Cost	Line Total
12 EA	27-526	(GH180C) GRAB HANDLE	35-4-2	7.87	94.44
1 EA	STEP VAN CAT	STEP VAN PARTS CATALOG	32-1-1	0.00	0.00
ORDER COMPLETE					
***** * Call today for your FREE copy of * * our StepVan/Box Truck Catalog! * *****					
*** COMING SOON. OUR 2013 STEPVAN CATALOG ***					

Shipping Via		Pkgs	
FED PRIORITY 1		1	
Weight	Charges	Weight	Charges
EM			

THANK YOU FOR YOUR ORDER
Inspect all packages for damage or
missing parts now!
We must be contacted within 3 days if
there is a problem with your order.
SEE BACK FOR DETAILS

We hereby certify that these goods were produced, or services performed
in compliance with all applicable requirements of Section 6, 7 and 12 of the
Fair Labor Standards Act, as amended, and of regulations and orders of
the United States Department of Labor issued under such Act.

TE=85

PLEASE NOTE
PLEASE PAY BY THIS INVOICE
ACCORDING TO THE TERMS
ABOVE. Past due invoices
subject to 1-1/2% per month
service charge.
\$20.00 FEE
FOR RETURNED CHECKS.
RETURN POLICY ON BACK

Merchandise	94.44
Tax	0.00
Sub-Total	94.44
Shipping & Handling	0.00
TOTAL	94.44